



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 7**

11201 Renner Boulevard  
Lenexa, Kansas 66219

01 OCT 2015

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Article No.: 7002 0860 0006 5964 6872

Ms. Judith Bender  
Chairperson  
Sac & Fox Tribe of the Mississippi in Iowa  
349 Meskwaki  
Tama, Iowa 52339-9629

Re: Failure to Submit Quarterly Discharge Monitoring Reports  
Sac & Fox Tribe of the Mississippi in Iowa; NPDES Permit: IA0073750

Dear Ms. Bender:

**NOTICE OF VIOLATION**  
**FAILURE TO SUBMIT DMR**

The National Pollutant Discharge Elimination System permit issued to the Sac & Fox Tribe of the Mississippi in Iowa requires you to submit to the U.S. Environmental Protection Agency quarterly Discharge Monitoring Reports (DMRs). Copies of blank DMR forms are included for your use and to make copies so they can be used for future reporting (Enclosure). The following DMRs have not yet been received:

3<sup>rd</sup> Quarter 2015 - (April – June 2015) - Due on July 28, 2015

**Please submit the required DMRs for each of the quarters within five calendar days from receipt of this notice.**

All required values on the DMR must be reported accurately. If the wastewater treatment facility had no discharge in the time period, please enter an X into the "No Discharge" box on the face of the form. Make sure all blanks are complete, including the signature blanks. The signature must be from an individual that has signature authority, as outlined in the NPDES permit. If you have no samples but a discharge occurred, a DMR is still required with an explanation of why a sample was not taken.

Please note that influent samples are required monthly for all parameters in your permit even if a discharge is not occurring.



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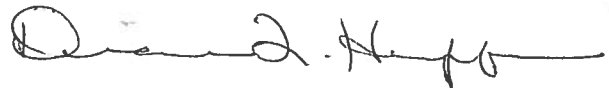
Please submit the DMRs and make sure that the information is complete, accurate and legible. Be sure to keep a copy for your records and return the completed DMRs with the original signature **within five calendar days** from receipt of this notice to:

Chief, Water Enforcement Branch  
Water, Wetlands and Pesticides Division  
Region 7 U.S. Environmental Protection Agency  
11201 Renner Blvd  
Lenexa, KS 66219

The Sac & Fox Tribe of the Mississippi in Iowa must take all appropriate actions to come into compliance with its NPDES permit, the requirements of the CWA and the EPA's implementing regulations.

If you have any questions concerning this Notice of Violation, please contact Don Hamera at 913-551-7818, or via email at [hamera.don@epa.gov](mailto:hamera.don@epa.gov).

Sincerely,



Diane L. Huffman  
Chief, Water Enforcement Branch

Enclosure

cc: Roger Eberhart, Operator  
Ted Peterson, IDNR  
Denny Haag, IHS  
Curtis Seymour, Public Works Director  
Kelly Schott, Env't'l Director, Sac & Fox of MS in IA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Sac and Fox Tribe of the Mississippi in Iowa  
**ADDRESS:** 349 Meskwaki Road  
Tama, IA 52339

**FACILITY:** SAC AND FOX SETTLEMENT LAGOON

**LOCATION:** 301 MESKWAKI ROAD  
TAMA, IA 52339-9693

IA0073750	001A-A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 52339-9693  
**MINOR**

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/	TO	06/30/	

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	105 MO AVG	158 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	105 MO AVG	158 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP24
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L		Quarterly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	5.2 MO AVG	10.4 DAILY MX	lb/d	*****	1.48 MO AVG	2.97 DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Sac and Fox Tribe of the Mississippi in Iowa  
**ADDRESS:** 349 Meskwaki Road  
Tama, IA 52339

**FACILITY:** SAC AND FOX SETTLEMENT LAGOON

**LOCATION:** 301 MESKWAKI ROAD  
TAMA, IA 52339-9693

IA0073750  
**PERMIT NUMBER**

001A-A  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 52339-9693  
**MINOR**

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/	TO	06/30/

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride (as Cl)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L		Quarterly	COMP24
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L		Quarterly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. AVERAGE	*****	MGD	*****	*****	*****	*****		Daily	METER
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51041 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	235 SINGSAMP	CFU/100m L		Monthly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>
		AREA Code	NUMBER	

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Tama, IA 52339

**FACILITY:** SAC AND FOX SETTLEMENT LAGOON

**LOCATION:** 301 MESKWAKI ROAD  
TAMA, IA 52339-9693

IA0073750	002A-A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 52339-9693  
MINOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/	TO	06/30/

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 WKLY AVG	mg/L		When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 3 Days	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	80 MO AVG	120 WKLY AVG	mg/L		When Discharging	GRAB
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MAXIMUM	*****	mg/L		Quarterly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.48 MO AVG	2.97 DAILY MX	mg/L		When Discharging	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Quarterly	GRAB

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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Tama, IA 52339

**FACILITY:** SAC AND FOX SETTLEMENT LAGOON

**LOCATION:** 301 MESKWAKI ROAD  
TAMA, IA 52339-9693

IA0073750  
PERMIT NUMBER

002A-A  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 52339-9693  
MINOR

MONITORING PERIOD			
MM/DD/YYYY			MM/DD/YYYY
FROM	04/01/	TO	06/30/

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride (as Cl)	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Quarterly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MX	*****	MGD	*****	*****	*****	*****		Daily When Discharging	CALCTD
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51041 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	235 SINGSAMP	CFU/100m L		When Discharging	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	85 MO AVG	*****	*****	%		When Discharging	CALCTD

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IA0073750	003A-A
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MINOR

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride (as Cl)	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Monthly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. AVERAGE	*****	MGD	*****	*****	*****	*****		Daily	METER
Solids, total dissolved (inorganic)	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
52190 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Monthly	GRAB

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IA0073750	004I-I
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**DMR Mailing ZIP CODE:** 52339-9693  
**MINOR**

Influent Reporting  
Influent Structure

MONITORING PERIOD			
MM/DD/YYYY			MM/DD/YYYY
<b>FROM</b>	04/01/	<b>TO</b>	06/30/

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Monthly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. AVERAGE	*****	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>		*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. AVERAGE	*****	MGD	*****	*****	*****	*****		Daily	METER

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